

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Chs</i>	67814	3/31/00
O.I.P.E. CLASSIFIER			1/1/00
FORMALITY REVIEW	<i>Bd</i>	67369	6/6/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Date
Final Original	0 1/1/00
1	✓ 1/1/00
2	✓ 1/1/00
3	✓ 1/1/00
4	✓ 1/1/00
5	✓ 1/1/00 C
6	✓ 1/1/00
7	✓ 1/1/00
8	✓ 1/1/00 C
9	✓ 1/1/00
10	✓ 1/1/00
11	✓ 1/1/00
12	✓ 1/1/00
13	✓ 1/1/00
14	✓ 1/1/00
15	✓ 1/1/00
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18	✓ 1/1/00
19	✓ 1/1/00
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21	✓ 1/1/00
22	✓ 1/1/00 C
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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